



University of Alabama Health Services
Foundation, P.C.
P.O. Box 55309
Birmingham, Alabama 35255-5309
Return Service Requested

Questions about this statement, please call
Customer service at 205-731-9050 or Toll Free 1-877-533-0334
Between the hours of 8 AM to 5 PM
FAX: 205-731-9789 EMAIL: msocs@uabmc.edu

Patient Name: ROBERT MCCRAY

Please check box if below address is incorrect or insurance
information has changed and indicate change(s) on reverse side.

ROBERT MCCRAY
PO BOX 56
ELMORE, AL 36025

[EXHIBIT (D)]

UAHSF
DEPARTMENT 2050
PO BOX 2153
BIRMINGHAM, AL 35287-2050

CHARGES AND CREDITS MADE AFTER STATEMENT
DATE WILL APPEAR ON NEXT STATEMENT.

SHOW AMOUNT
PAID HERE \$

IF PAYING BY VISA, MASTERCARD, AMERICAN EXPRESS OR DISCOVER, FILL OUT BELOW		
<input type="checkbox"/> VISA	<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> AMER. EXP.
CARD NUMBER		AMOUNT
SIGNATURE		EXP. DATE
STATEMENT DATE	PAY THIS AMOUNT	ACCOUNT NO.
06/13/2005	200.00	000001921995

00030001921995100500002000000000000005

STATEMENT

PLEASE DETACH AND RETURN TOP PORTION WITH
YOUR PAYMENT IN ENCLOSED ENVELOPE

Date	Provider	Invoice No.	Description	Transactions
02/24/2005	CHHIENG MD	7835720	CONSULT, REFER SLIDE SUBTOTAL----->	200.00 200.00

Customer Service at 205-731-9050
Toll Free at 1-877-533-0334

Please make checks payable to: **UAHSF MSO**

Patient Balance: 200.00

THIS ACCOUNT IS NOW DELINQUENT. PLEASE PAY THE ACCOUNT IN FULL
OR WE WILL BE FORCED TO INITIATE COLLECTION PROCEEDINGS.

University of Alabama Health Services
Foundation, P.C.
P.O. Box 55309
Birmingham, Alabama 35255-5309
Tax ID# 63-0649108

Statement Date: 06/13/2005
Patient Name: ROBERT MCCRAY
Account Number: 000001921995

STATEMENT

SEE REVERSE SIDE FOR IMPORTANT BILLING INFORMATION